

WISCONSIN
COMMUNITY FORENSIC SERVICES
DIVISION OF MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES
DEPARTMENT OF HEALTH SERVICES

ANNUAL REPORT

CONDITIONAL RELEASE PROGRAM
OUTPATIENT COMPETENCY PROGRAM
OUTPATIENT COMPETENCY RESTORATION PROGRAM
AND
OPENING AVENUES TO REENTRY SUCCESS PROGRAM

JULY 1, 2009 – JUNE 30, 2010



TABLE OF CONTENTS

	Page
Conditional Release Program	
PROGRAM STATEMENT.....	3
REGIONAL PROVIDER MAP.....	4
REGIONAL PROVIDER ACCOMPLISHMENTS.....	5
FY 10 GOAL AND INITIATIVES.....	6
SUMMARY AND CONCLUSIONS.....	9
CONDITIONAL RELEASE PROGRAM GOALS AND INITIATIVES FY 12.....	11
CONDITIONAL RELEASE PROGRAM DATA.....	12
 Court Liaison Program	
PROGRAM STATEMENT.....	17
COURT LIAISON MAP.....	20
 Outpatient Competency Evaluation Program	
PROGRAM STATEMENT.....	21
RESULTS.....	21
SUMMARY.....	21
OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA.....	23
 Outpatient Competency Restoration Program	
PROGRAM STATEMENT.....	24
PROGRAM UPDATE.....	24
 Opening Avenues to Reentry Success (OARS).....	26
 Contact Information.....	27

Conditional Release Program

PROGRAM STATEMENT

The goal of The Department of Health Services (DHS) Conditional Release Program (CR) is to fund, coordinate and administer quality forensic mental health services in accordance with Wisconsin State Statute 971.17. The program seeks to meet the challenge of providing client-centered, strength-based, community mental health services, while also managing risk to community safety.

The purpose of this report is to assess the fulfillment of our program goals, and lay the groundwork for research and program development. This report also reflects the belief that services to forensic clients must be a well-coordinated, seamless service delivery system. Therefore, information from the Department of Corrections (DOC) Division of Community Corrections (DCC), Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI) are incorporated, along with the information from community service providers.

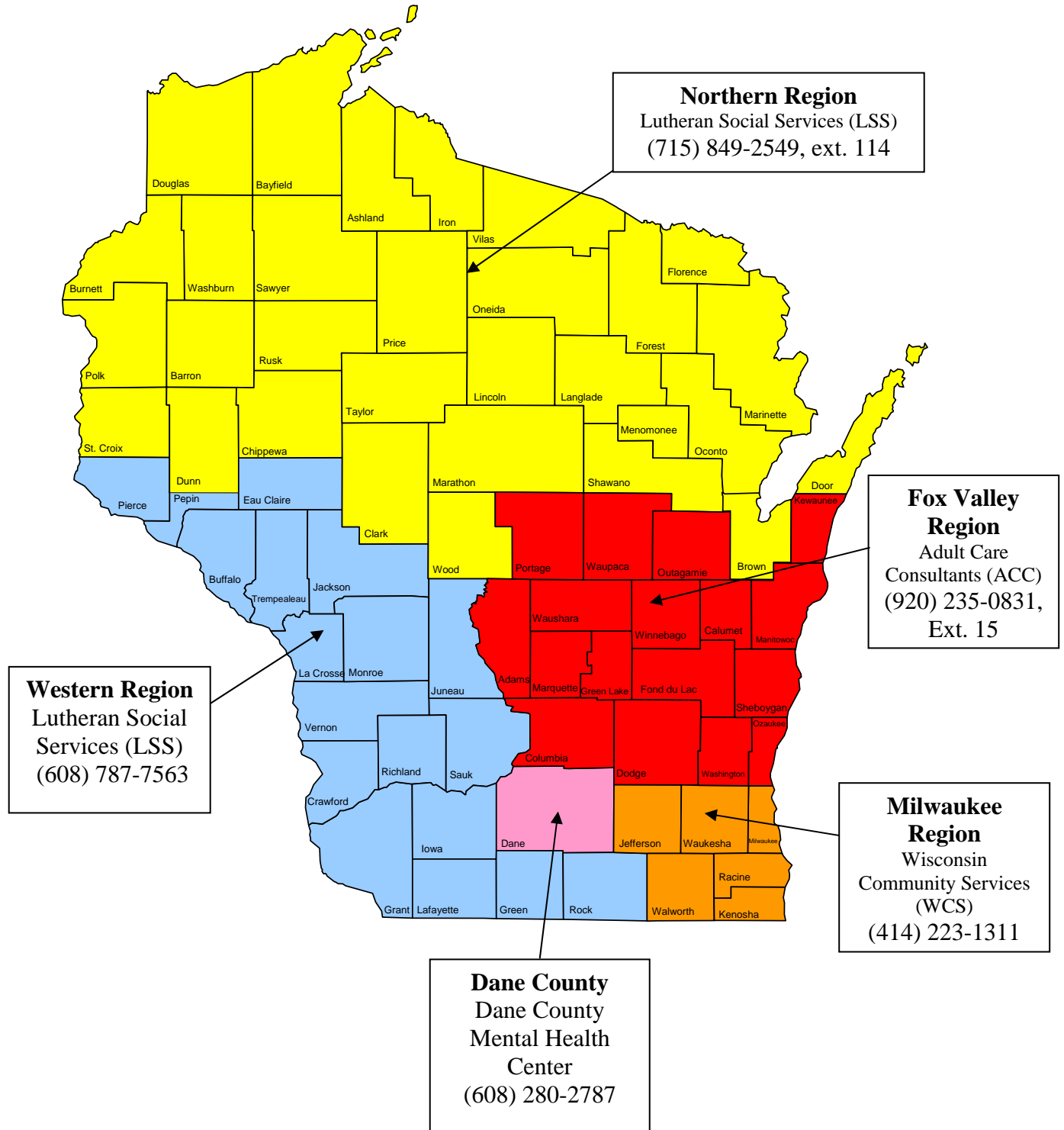
In order to fulfill our program goal, the community forensic program strives to share innovative ideas, program successes, program concerns, resource development, program information and data to the betterment of community forensic service provision statewide. We have developed strong team relationships across departments, as well as with private contractors in order to manage risk, and maximize efficiency, effectiveness and quality service provisions to individuals on forensic commitments court-ordered into community placements.

Community Forensic Services Regional Provider Map

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Regional Provider Accomplishments

The Conditional Release Program regional case management providers - Luther Social Services of Wisconsin and Upper Michigan; Adult Care Consultants Inc.; Wisconsin Community Services and the Mental Health Center of Dane County - continued their focus on providing quality mental health services to arguably the most challenging population in the criminal justice/mental health system. Their excellent work, in partnership with their respective team DCC Agents, ensure that this population is safely reintegrated into our communities to lead positive and law abiding lives.

The economic down turn has increased budgetary pressures and strained local community resources statewide. However, as with all challenges, opportunities also present themselves. Renewed efforts by the Conditional Release Program provider's to discover new fiscal efficiencies were not only successful, in the process, new ways to further the programs goal of maximizing client social, financial and residential independence were realized.

As an example, group home placement costs are very high and are frequently regressive in advancing clients clinical progress and independence. All prospective group home placements are staffed by the assigned conditional release team to identify the clients clinical needs and risk factors to the community. Individualized wrap around services are then crafted which address those needs and provide layers of supervision and monitoring which will safely allow for an independent placement. For those clients determined to not yet be clinically ready for an independent placement, this case analysis provides direction to the group home staff to produce an individualized service plan which will safely prepare the client for an independent placement. While in the group home, the clients progress in meeting their specific goals are reviewed every 30 days by the conditional release team. This process has resulted in more effective and shorter group home stays.

Provider efforts to reduce program costs and at the same time engage new community resources for the long term betterment of our clientele is illustrated by the efforts of case management director Tori Sebranek in the LSS – Western Region. The following is a list of actions taken from Tori's annual report showing not only a wide variety of ways to discover significant fiscal efficiencies but also how outreach to the community can create positive new program relationships and uncover resources which will contribute to sustaining the client in the community after their legal commitment expires.

- Maximizing client cost of care contributions

By contacting former providers to recoup expenses paid on the clients behalf who subsequently became Medical Assistance eligible, retroactive payments totaling more than \$63,000 were recovered.

- Negotiation of client costs with community providers

By negotiating or re-negotiating for client service costs in areas like transportation, clinical/medical assessments, sheltered workshops, group home and adult family home placements, psychiatric and therapy services, at least \$25,000 was saved.

- Reviewed client eligibility and made referrals to local community, county, state and federal programs which were available to clients.

These efforts reduced clients dependency on the Conditional Release Program to sustain certain basic needs such as connecting with free medical clinics, patient assistance programs, the use of medication cost reduction cards (22% of regular cost) and determining client eligibility for food stamps and energy assistance benefits. Such actions assist clients to maintain vital services after their commitment expires.

Conditional Release Program

FY10 GOALS AND INITIATIVES

The DHS is moving toward outcome measurement in all of its contractual activities. The Conditional Release Program was selected to pilot this effort by developing a series of measurable performance expectations. A series of core program issues were selected and are reflected in the FY 2010 goals and initiatives.

1. Conditional release clients are not dependent on funding from the Conditional Release Program for the cost of their care.

Within 3 months of their placement on Conditional Release, 100% of the clients in the Conditional Release Program in FY 2010 are considered for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), and 100% of those found potentially eligible apply for these benefits.

Results: 100% of all clients determined to be potentially eligible for SSI/SSDI, applied for these benefits.

Within 9 months of placement on Conditional Release, 60% of the clients in the Conditional Release Program in FY 2010 have sufficient resources including employment or public benefit programs to reduce the Conditional Release Program's contribution by 50% for the cost of their care.

Results: 84% of clients were contributing at least 50% of the cost of their care within 9 months of placement on conditional release.

2. Conditional release clients are financially self-sustained, to the extent possible as they approach discharge.

30 days prior to discharge, 75% of the clients discharged from the Conditional Release Program in FY 2010 who participated in the Program 12 months or longer, have resources from competitive employment or public benefit programs other than the Conditional Release Program to support their treatment, housing, and medical needs.

Results: 100% of conditional release clients were financially self-sustained within 30 days of their discharge with the exception of one client who was in the country illegally, facing deportation and was not legally employable.

3. Conditional release clients participate in meaningful daily activities.

75% of the clients in the CR Program in FY 2010 will be involved in meaningful daily activities for at least 20 hours a week. Meaningful activities include all of the following and the time involvement can be a composite of all elements:

- a) Competitive employment for clients who are able to work
- b) Structured employment including sheltered, supported, or volunteer activities
- c) Educational or vocational training
- d) Treatment or treatment related activities
- e) Other similar or related activities

Results: 78% of clients involved themselves for at least 20 hours a week in meaningful activities as defined above.

75% of the clients in the Conditional Release Program in FY 2010 participate in social/recreational activities such as going to a sporting event or movie, attending a neighborhood/community event, or playing cards, etc. at least once a month in each program quarter.

Results: 90% of the clients participated in social/recreational activities at least once a month in each program quarter.

4. Conditional release clients live independently.

90 days prior to discharge from the Conditional Release Program, 75% of the clients in the Conditional Release Program in FY 2010 live independently.

Results: 74% of the clients were living independently 90 days prior to discharge.

100% of clients living in a CBRF/AFH will cooperate with identified needs and time limited goals of independent living to be reviewed/justified monthly from the time of the placement at the facility with the goal of transitioning to a less structured living situation within 90 days.

Results: This goal was met by 100%.

Within 90 days of placement on Conditional Release, 75% of the clients in the Conditional Release Program in FY 2010 who were residing in a CBRF or Group Home when they were placed on Conditional Release, move to a less structured living situation.

Results: 52% of the clients who had been residing in a CBRF or Group Home when they were placed on conditional release moved to a less structured living situation within 90 days of placement on conditional release.

5. Conditional release clients are engaged in their treatment plan.

Treatment plans for 90% of the clients in the Conditional Release Program in FY 2010 reflect client input.

Results: 100% of treatment plans reflect client input.

90% of the clients in the Conditional Release Program in FY 2010 participates in all scheduled Quarterly Reviews and 6 month ISP staffings.

Results: 100% of the clients participated in scheduled Quarterly Reviews and 6 month staffings.

Within 90 days of commitment, the CASIG/SOCI or another psychosocial assessment, is completed with 100% of clients, that have a commitment of 12 months or longer, participating in the Conditional Release Program in FY 2010, and results are incorporated into each client's ISP.

Results: This goal was met by 100%.

6. Conditional release clients don't commit another crime.

Less than 2 % of clients in the Conditional Release Program in FY 2010 will be convicted of a new crime that was committed while they were in the Conditional Release Program.

Results: 1% of the total client population of 397 (4 clients) were convicted of a new crime during their commitment period.

Observations of FY goals and results

The measurable goals selected for FY 2010 constitute a number of core program values: clients achieving financial independence from the program for funding their continued treatment, housing and medical needs during and after their commitment period; encouraging client participation in meaningful (as defined by the client) daily activities; engagement in their treatment planning and goal setting; moving to independent housing and reducing the commitment of new crimes.

All of the measurable goals were met or exceeded with the exception of moving clients who came to the program in a CBRF or group home to a less structured placement within 90 days of their placement on conditional release. This goal in particular is dependent upon the individual clinical and safety considerations. As with all goals that the conditional release program sets,

community and client safety are the overriding considerations in moving a particular case toward a given goal. The results of having 52% of the clients moving to a less structured setting rather than attaining the goal of 75%, should not be interpreted as a failure in itself as much as a reflection of the level of clinical and service needs these particular clients required within this rather short time frame (90 days).

By successfully engaging clients to address their treatment issues, encouraging their participation in positive daily activities and by ensuring that clients are financially self sufficient, the program promotes client insight to avoid those conditions which have lead to law violations and mental instability in the past. This years measurable goal results offer encouraging evidence that the program is effective in achieving positive outcomes in these important areas.

Conditional Release Program

SUMMARY AND CONCLUSIONS

The Conditional Release Program has funded, coordinated and administered quality forensic mental health services to 397 clients in FY 2010, with an average daily population of 269 clients.

Community safety remains the programs first priority. FY 2010's revocation rate was 11% of the total population served (397) with a recidivism (new crime) rate of 1%.

This years measurable performance goals were identified as core program issues. Overall, outcomes were met or exceeded in these important areas.

These goals also provided focus points for our community teams to set as priorities and engage the clients in during the year. For example, the lack of clients engaging in meaningful daily activities has consistently been identified as one of the elements present in clients use of alcohol and other drugs and as a factor leading to conditional release revocations. In the process of pursuing this goal of identifying and then increasing client activity meaningful to them, the case managers gained insight as to what a client's personal goals and desires were. This opened discussions with the team and the client as to what barriers existed to achieving those goals. Over the course of the year, the number of hour's clients engaged in these self identified activities steadily increased. Such client centered actions improve recovery outcomes and further the goal of positive community reintegration.

Of critical importance is the goal that clients are financially able to sustain their treatment, housing and medical needs by the time their legal commitment discharges. The DHS contracted providers have done an outstanding job in this area.

All of this years measurable performance goals will be continued into FY2011.

This is an exciting time in the field of community forensics. A number of evidence based practices offer new opportunities to improve the lives of this challenging population and

bring an enhanced level of safety to our communities. Among the best practice initiatives the Conditional Release Program is pursuing in the coming fiscal year include:

- Piloting the Integrated Dual Disorder Treatment (IDDT) model for treating individuals with severe and persistent mental illness and co-occurring substance use disorders in Brown, Eau Claire, Marathon and Sheboygan Counties.
- Provide training opportunities and modeling to the Conditional Release Program case managers in Person Centered Planning.
- Engaging the Conditional Release Program case managers in the use of Motivational Interviewing techniques with follow up fidelity supervision.
- Integrating the Supported Employment evidence based practice model for clients to obtain competitive employment.
- Exploring the use of the Tobacco Recovery Across the Continuum (TRAC) model to assist the clientele in stopping smoking.
- Expanding the use of peer specialists in the Conditional Release Program.

FY 2012 Goals and Initiatives

Conditional Release Program

The DHS Community Forensic Services annual report is produced in late November and reports on a fiscal year basis running from July 1 to June 30 of the preceding year. This means that only 6 to 7 months remain before the next reporting period begins. The measurable performance expectations selected this year require additional orientation and training of the Conditional Release Program staff. In order to maximize positive outcomes with these goals, the remaining months in FY 2011 will be utilized to adequately prepare our community staff in these performance expectations. Therefore, we will be tracking on and reporting on these outcomes in our FY 2012 report.

1. Conditional release clients will have person centered treatment plans.

50% of initial Individual Services Plans (ISP) will contain evidence of principles of person centered planning.

2. Conditional release client's stage of change will be identified for each client goal.

50% of goals listed in the ISP will have corresponding stages of client change identified in 50% of the ISP's.

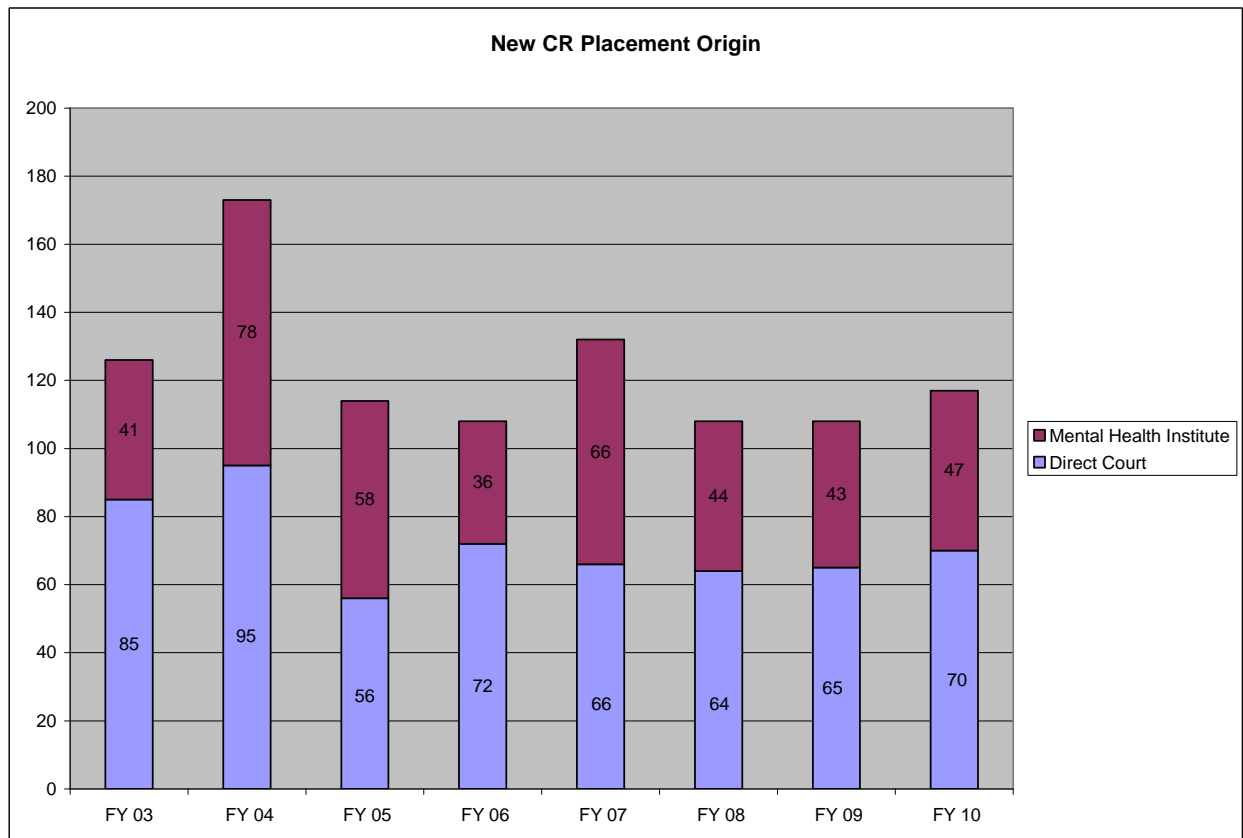
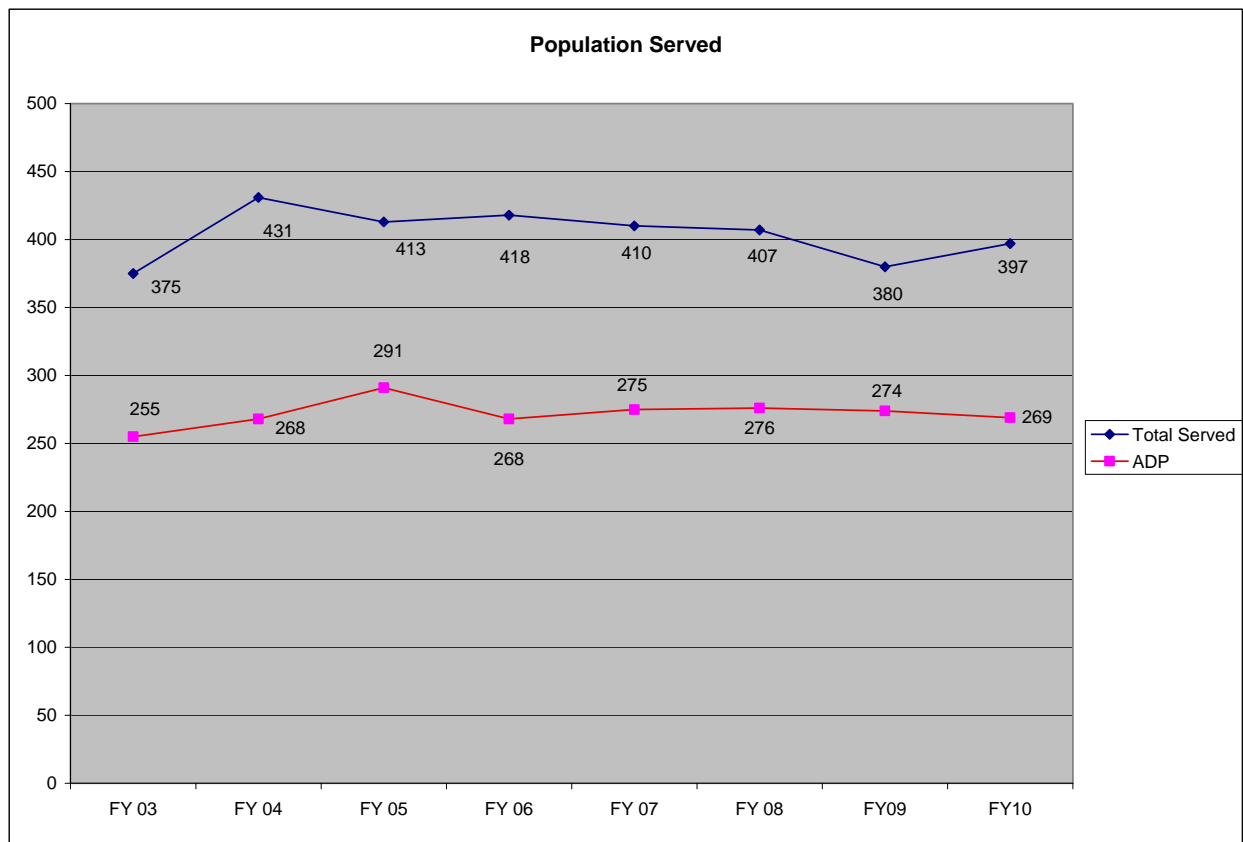
3. Conditional release clients will participate in stage appropriate interventions to move towards specified goals.

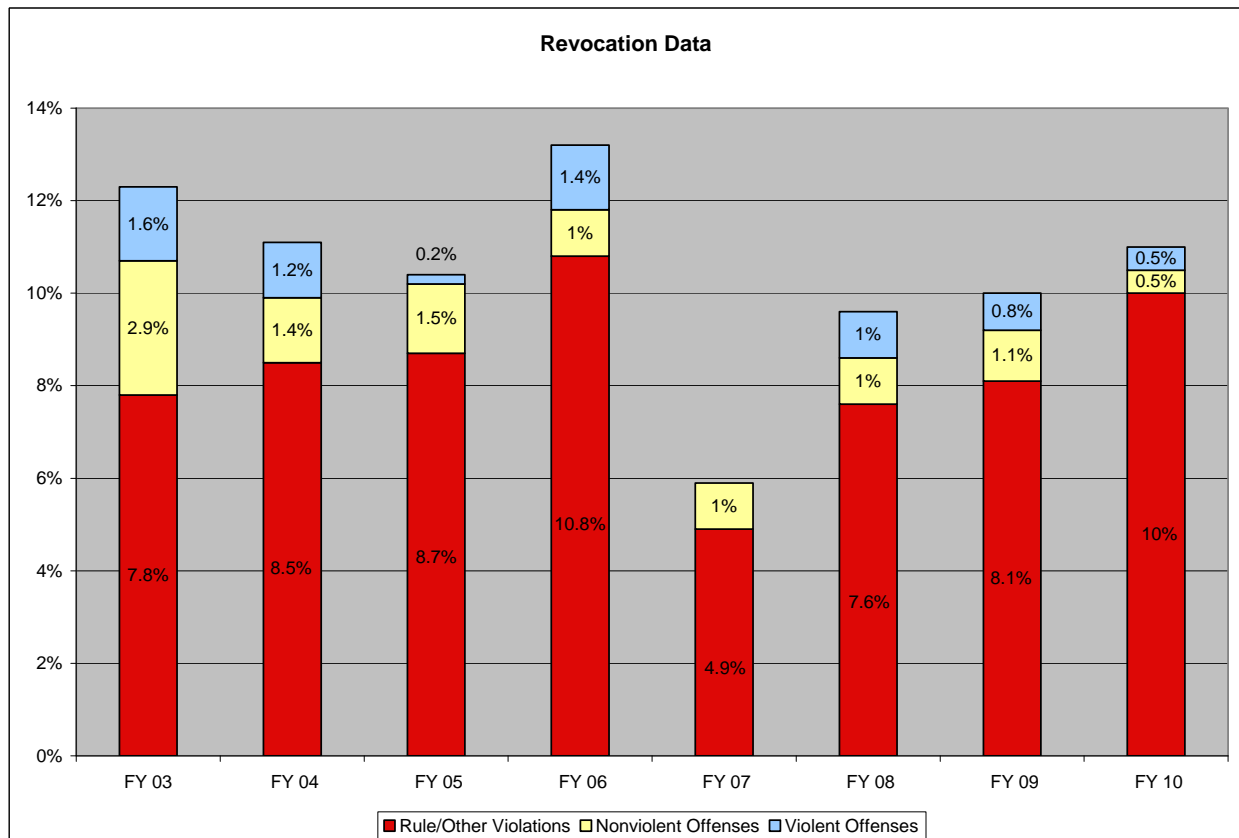
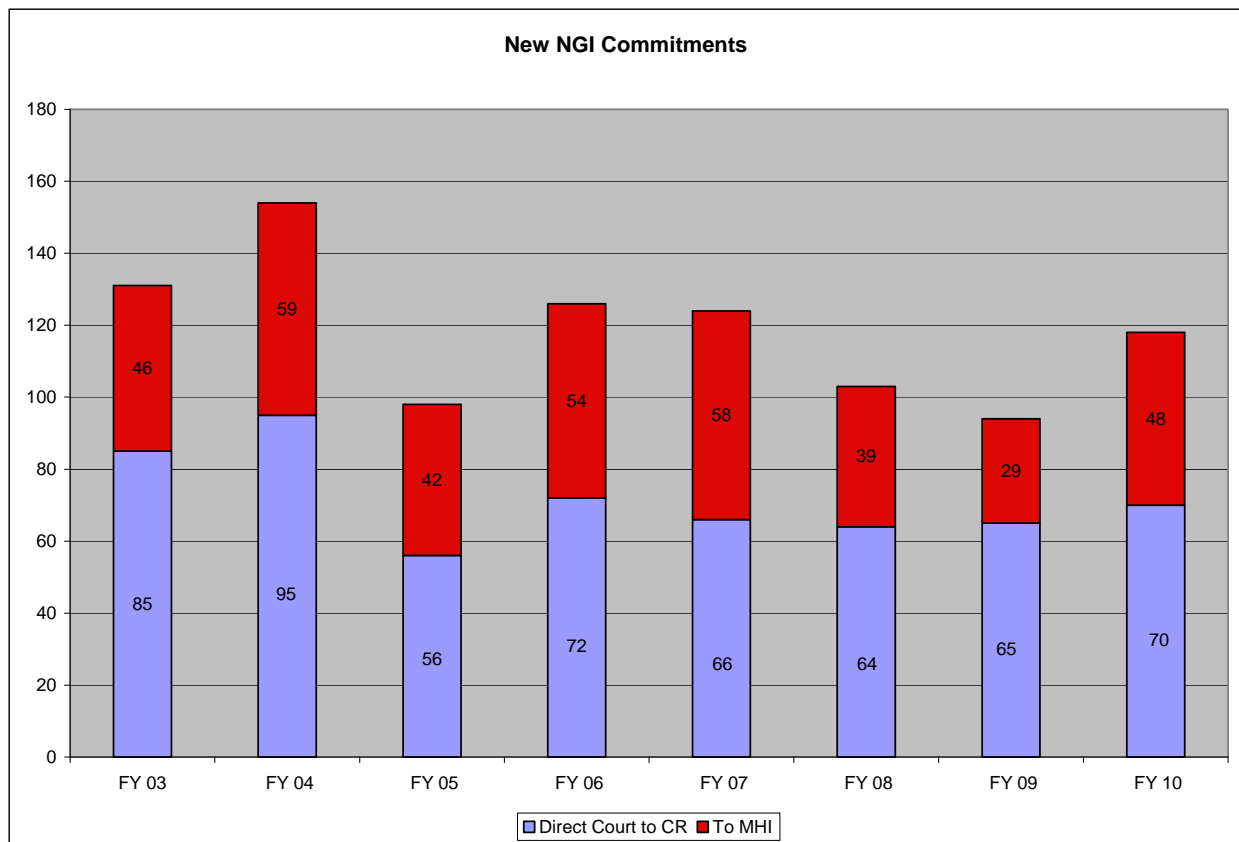
At least one stage wise intervention on 50% of the client goals will be identified for each client goal on 50% of the initial ISP's.

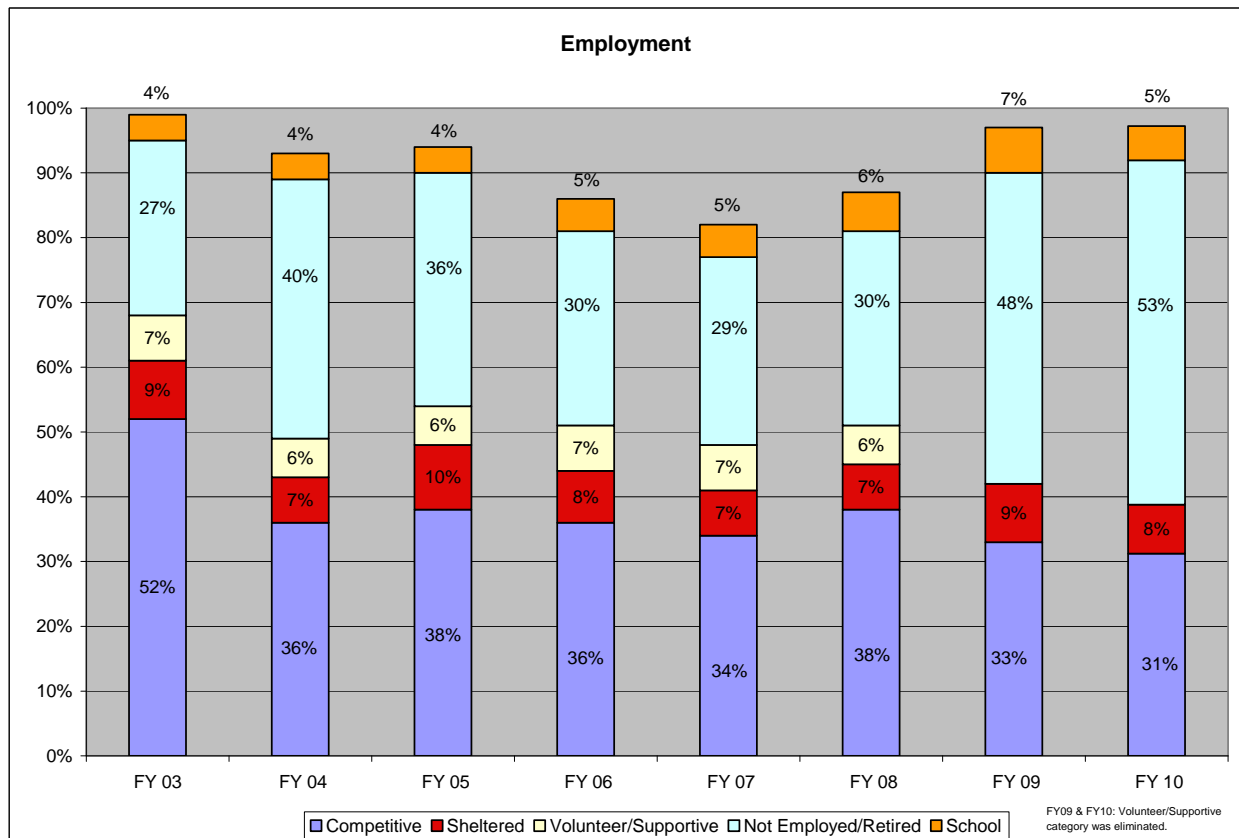
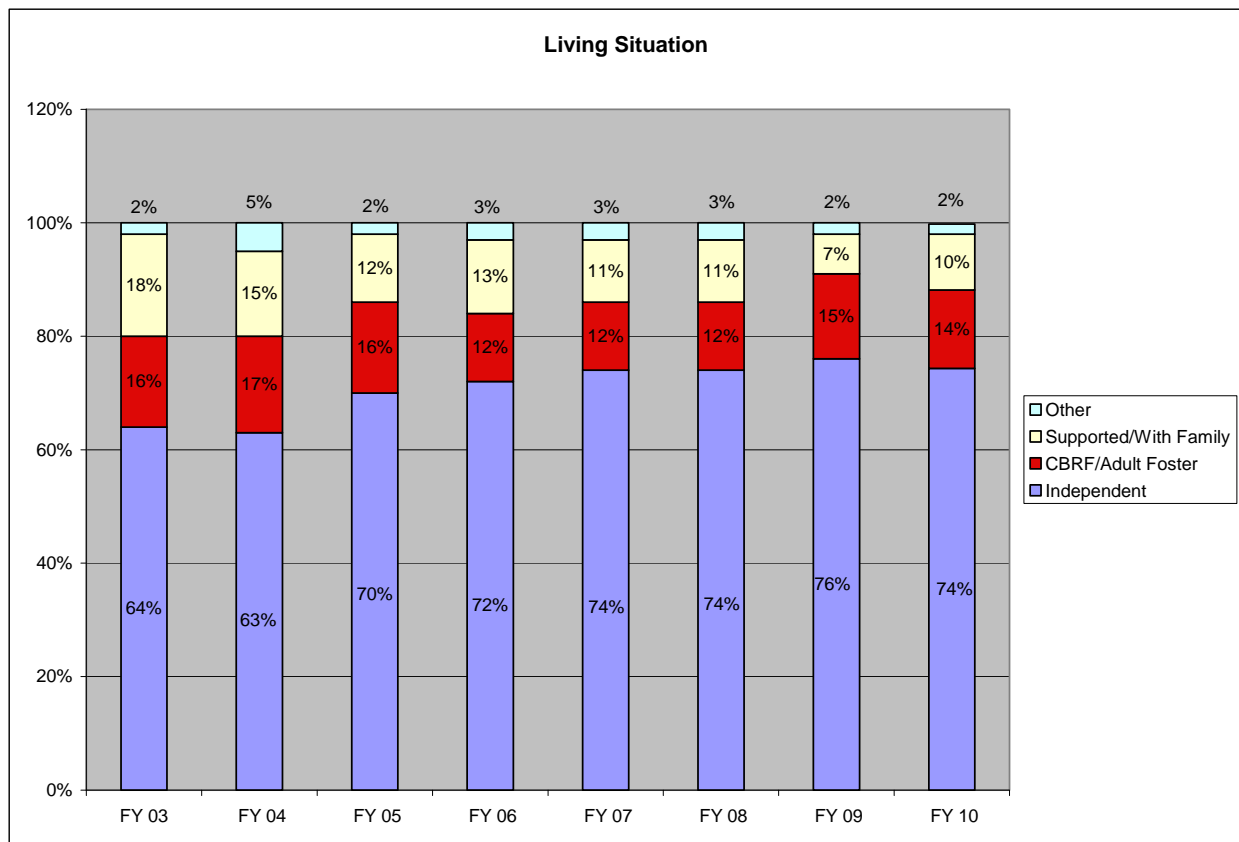
Conditional Release Program Data

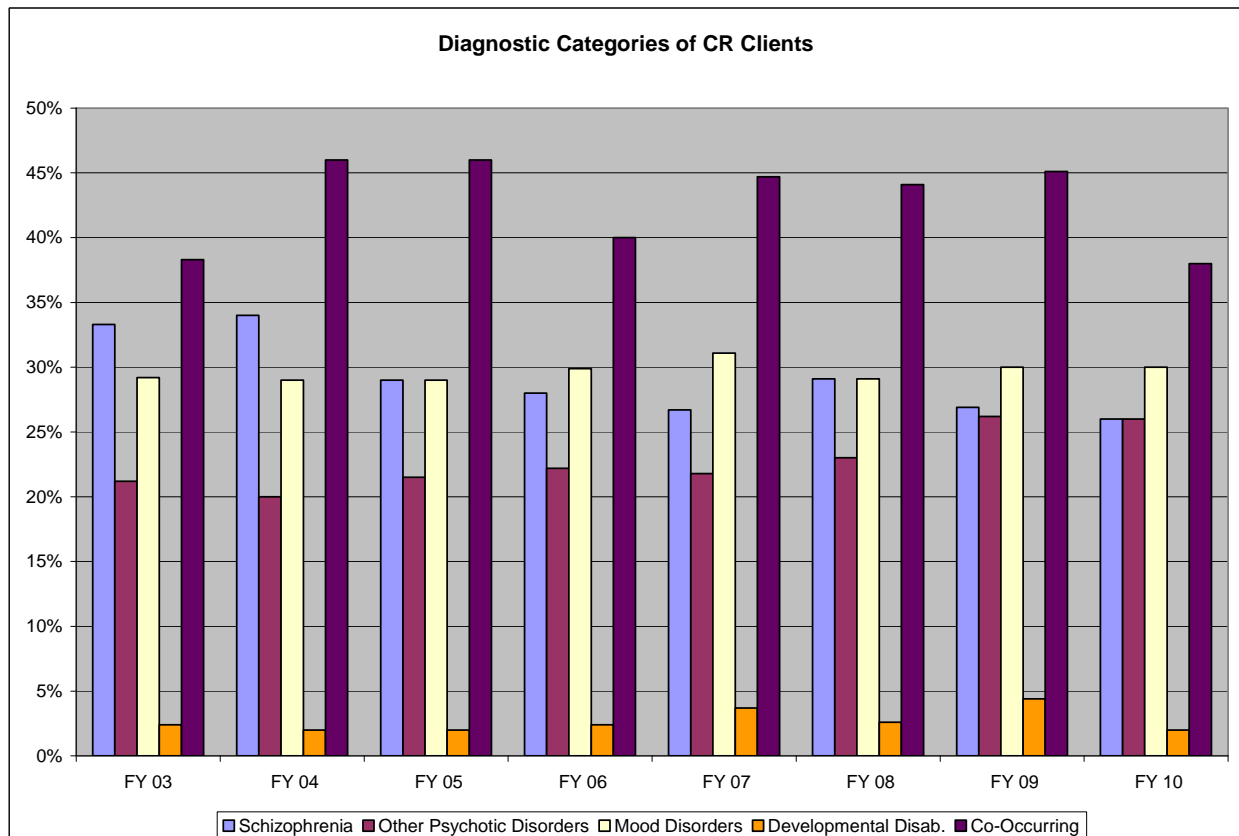
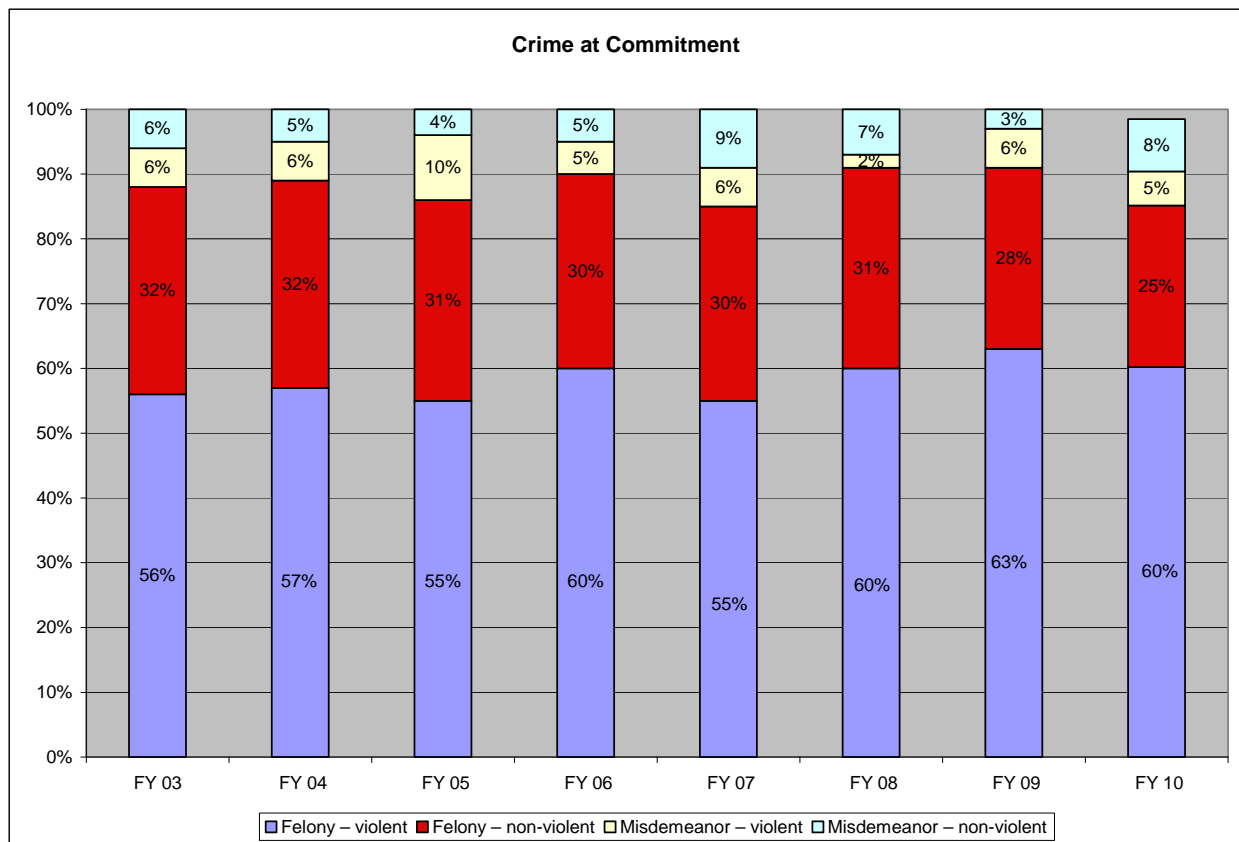
	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY09	FY10
Total Served	375	431	413	418	410	407	380	397
ADP	255	268	291	268	275	276	274	269
New CR Placements								
Number of New Placements	126	173	114	108	132	108	108	117
Direct Court	85	95	56	72	66	64	65	70
	67%	55%	49%	67%	50%	59%	60%	60%
Mental Health Institute	41	78	58	36	66	44	43	47
	33%	45%	51%	33%	50%	41%	40%	40%
New NGI Commitments								
Direct Court to CR	85	95	56	72	66	64	65	70
To MHI	46	59	42	54	58	39	29	48
Total Admissions	131	154	98	126	124	103	94	118
Revocation Data								
Rule/Other Violations	7.8%	8.5%	8.7%	10.8%	4.9%	7.6%	8.1%	10%
Nonviolent Offenses	2.9%	1.4%	1.5%	1%	1%	1%	1.1%	0.5%
Violent Offenses	1.6%	1.2%	0.2%	1.4%	0%	1%	0.8%	0.5%
% Revoked	12.3%	11.1%	10.4%	13.2%	5.9%	9.6%	10%	11%
Living Situation								
Independent	64%	63%	70%	72%	74%	74%	76%	74%
CBRF/Adult Foster	16%	17%	16%	12%	12%	12%	15%	14%
Supported/With Family	18%	15%	12%	13%	11%	11%	7%	10%
Other	2%	5%	2%	3%	3%	3%	2%	2%
Employment								
Competitive	52%	36%	38%	36%	34%	38%	33%	31%
Sheltered	9%	7%	10%	8%	7%	7%	9%	8%
Volunteer/Supportive	7%	6%	6%	7%	7%	6%	*	*
Not Employed/Retired	27%	40%	36%	30%	29%	30%	48%	53%
School	4%	4%	4%	5%	5%	6%	7%	5%
Crime at Commitment								
Felony – violent	56%	57%	55%	60%	55%	60%	63%	60%
Felony – non-violent	32%	32%	31%	30%	30%	31%	28%	27%
Total Felonies	88%	89%	86%	90%	85%	91%	91%	87%
Misdemeanor – violent	6%	6%	10%	5%	6%	2%	6%	5%
Misdemeanor – non-violent	6%	5%	4%	5%	9%	7%	3%	8%
Total Misdemeanor	12%	11%	14%	10%	15%	9%	9%	13%
Diagnostic Categories								
Schizophrenia	33.30%	34%	29%	28%	26.70%	29.10%	26.90%	26%
Other Psychotic Disorders	21.20%	20%	21.50%	22.20%	21.80%	23.00%	26.20%	26%
Mood Disorders	29.20%	29%	29%	29.90%	31.10%	29.10%	30%	30%
Developmental Disab.	2.40%	2%	2%	2.40%	3.70%	2.60%	4.40%	2%
Co-Occurring	38.30%	46%	46%	40%	44.70%	44.10%	45.10%	38%
Cost Per Client								
Mental Health Institute	\$204,218	\$214,255	\$219,548	\$229,585	\$234,148	\$256,413	\$224,877	\$221,161
GPR Only Net Cost/ADP	\$13,347	\$13,571	\$15,758	\$16,623	\$17,549	\$15,504	\$13,763	\$14,528
GPR Only Net Cost/Total Served	\$9,076	\$8,439	\$11,103	\$10,658	\$11,771	\$10,529	\$9,924	\$9,844

* Note: in FY09 and FY10, the category "Volunteer/Supportive" was eliminated from the employment count.









Court Liaison Program

Wisconsin Community Services, Inc. (WCS) is the DHS contracted service provider for the statewide Court Liaison services, excluding Milwaukee. Milwaukee is served by Justice 2000, functioning as both court liaison and a pre-trial program for the courts through a cooperative arrangement between DHS and the Court Administrator's office.

The Court Liaison Program provides consultation and education to courts. This includes education on available forensic services and DHS procedures such as appropriate processes for competency examinations, treatment to competency and accessing the Outpatient Competency Restoration Program (OCRP). Additionally, the liaison educates courts as to the appropriate processes for new NGI commitments as well as NGI petitions for re-examination and conditional release. Court liaisons track these processes through court systems in an effort to insure procedural efficiency.

Courts continue to express appreciation for having one contact person who can answer their system questions and coordinate with the department. These positions have received positive feedback from all of the counties with whom they have worked in the past fiscal year.

The Court Liaison Program utilizes a statewide tracking system and provides data to the DHS on a monthly basis for the categories listed below. Current data indicates that the Court liaison responsibilities, within the community forensic system, continues to have a significant impact on the flow of cases through the court system incorporating court liaison responsibilities into the community forensic systems and continues to help maintain the MHI's admission list.

Treat to Comp.	Statewide	Milwaukee	Total
# Cases Tracked	745	341	1086
# Hearings Moved	28	23	51
# Days Saved	914	590	1504

Based on the total number of days saved, the court liaison has made 17 beds available between the two institutions.*

* Given the above data, in order to determine how many beds were made available due to tracking and hearings being moved up by the court liaisons, it is necessary to determine the MHI average length of stay of the s. 971.14(5) Treat to Competency population. Based on the data gathered this calendar year, the average length of stay for this population is 86 days. Therefore, based on the total number of days saved between the two facilities the court liaison efforts have opened 17 beds in the system.

The Court Liaison responsibilities include tracking Mental Health Institution's (MHI) treat to competency cases where courts have not set hearings. In this area the statewide court liaison has set hearings in 104 cases (excluding Milwaukee Co), which is down from 108 cases last FY, and illustrates that courts continue to improve on reserving time on the calendar for review dates. The average time to set a hearing was 18 days (excluding Milwaukee Co), which is above the 14 day statutory timeframe specified for these cases, and remains the same data for the last two FY's. As noted last year, further review of this data identifies that a small amount of cases that were delayed by the second opinion process, resulted in skewing the data and this accounts for the differential in the statutory timeframe.

In FY10 there were 74 (87 FY09) petitions for re-examination filed state wide. This resulted in 29 (35 FY09) individuals with conditional releases moving into the Conditional Release Program. There were 26 (37 FY09) petitions withdrawn by the clients and 19 (15 FY09) petitions were denied by the courts.

Goals and achievements:

Training FY2010

Continue to provide training/refreshers sessions, case consultations and reference materials as needed.

- The WCS Court Liaison conducted the following training sessions: Winnebago Co Judges; Brown Co Clerks; Dodge Co Clerks; Judicial Dist 6 Judges; Judicial Dist 6 Clerks. Training and reference materials/flow charts were also provided to Sheboygan, Chippewa, Washington, Pierce, Milwaukee, Dane, Wood, and Lincoln counties.

Utilize the DHS Forensic Newsletter to provide education and references regarding process and system issues, and foster a cooperative working relationship between all parties.

- In its second year, the Forensic Newsletter continues to receive great support and feedback from all those who receive it. Regular distribution has expanded to several Judicial Assistants and some Judges directly around the state.

Attend the Clerk of Courts Association Summer Conference to present training information and resources.

- The Clerk of Court Conference held in October again offered an efficient opportunity to provide correct process information to this important group and as in previous years, the presentation was well received.

Tracking FY2010

Average sixty (60) "Days Saved" per month on 971.14(5) tracking by moving-up Return to Court dates

- Averaged 76.1 “Days Saved” per month on 971.14(5) tracking by moving-up Return to Court dates.

When no Return to Court date is set, average fourteen (14) “Days between Report and Return to Court” per month on 971.14(5) tracking.

- Averaged 18 “Days Between Report and Return to Court” per month.

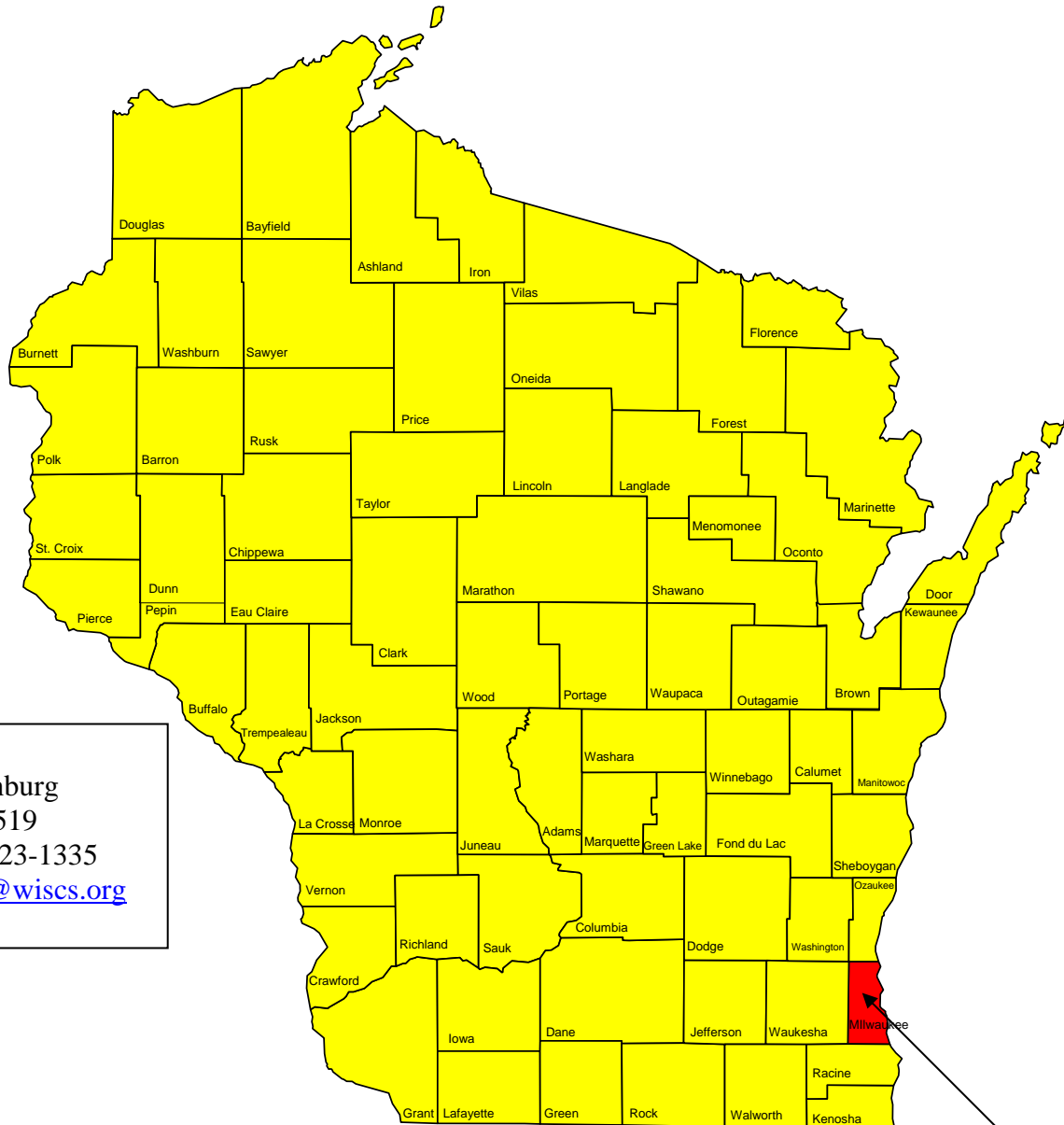
Court Liaison Program FY 2011 Goals

1. Continue to provide training/refresher sessions, case consultations and reference materials as needed.
2. Utilize the DHS Forensic Newsletter to provide education and references regarding process and system issues, and foster a cooperative working relationship between all parties.
3. Attend the Clerk of Courts Association conference annually. Explore new training topics for the clerks, as suggested by the various DHS contracted service providers, and utilize guest speakers if appropriate/as needed.
4. Brainstorm developing a “Court Liaison Services” link on the WCS website. This would provide all visitors instant access to the various resource materials available through the Court Liaison; allow visitors to request training session dates in their county; and make suggestions for future topics to be covered in the DHS Forensic Newsletter.
5. Average eighty “Days Saved” per month on 14(5) tracking by moving-up Return to Court dates, and when no Return to Court date is set, average fourteen “Days between Report and Return to Court” per month on 14(5) tracking.

Wisconsin DHS Court Liaison Coverage

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Outpatient Competency Evaluation Program

PROGRAM MISSION STATEMENT

The mission of the Outpatient Competency Evaluation Program is two-fold.

- To control the Departmental resources while meeting statutory obligations to conduct competency examinations.
- To serve the judicial system in the most efficient manner while providing high quality expertise.

Prior to implementation of the program we anticipated that approximately 75% of individuals referred for competency evaluation did not need to be evaluated in an inpatient setting. It was most important to evaluate them quickly in the jail setting and determine those who were incompetent to proceed to trial and facilitate a quicker transition into a treatment bed at one of the state's two mental health facilities. In this way, the needs of the clients would be served and the beds at the mental health facilities would more appropriately be used for treatment to competency.

RESULTS

Throughout the evolution of the conversion from a predominantly inpatient program in CY 2000 to a predominantly community based program in January, 2002, there has been a great deal of cooperation between the court system, the county human service departments, jail staff, Conditional Release (CR) contract providers, Wisconsin Forensic Unit staff and Division central office staff. The program has been exceptionally well received and given very positive feedback from counties, Judges, District Attorneys, Public Defenders, sheriff's departments and jail administrators.

There were a total of 1,004 evaluations completed between July 1, 2009 and June 30, 2010. Of this total, 94% were conducted in the community, and 6% at the Mental Health Institutes

SUMMARY

The Outpatient Competency Evaluation Program began with the anticipation that 75% of competency examinations could be done on an out-of-institution basis. The data indicates that since FY 09, that up to 94% of the individuals could be examined in the local community. This percentage has remained constant since the beginning of the program in 2001. The program significantly exceeded its goal and thus there was much less of a drain on the institutional resources and many more cases could be handled by the courts without the time delays associated with inpatient examinations. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve the competency questions and those that were adjudicated incompetent had access to treatment quicker.

The Department was correct in its assumption that we could successfully convert from using inpatient beds for evaluations to conducting them in the community for a significant cost savings without compromising the quality of the evaluations or the services to the patients. The fact that the courts and jails have given very favorable reviews to the program speaks to the fact that the program is working well.

The data continue to indicate that the findings for defendants competent and the percentage of individuals found incompetent remains within the national average. In this fiscal year, 31.7% of defendants were found incompetent compared to 30.1% in the previous fiscal year. There was a decrease in the actual admissions for treatment to competency from 190 in FY 09 to 168 in FY 10.

OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2009 - JUNE 30, 2010

Disposition of Evaluations

	#	%
Competent	624	62.2%
Incompetent	318	31.7%
Inpatient 2nd Opinion	8	0.8%
Inpatient Refusal	10	1.0%
Inpatient Clinical	3	0.3%
Undetermined	41	4.1%
Total	1004	100%

Demographics

Gender		
Male	809	80.6%
Female	180	17.9%
Unknown	15	1.5%
Total	1004	100%
Ethnicity		
American Indian	19	1.9%
Asian	16	1.6%
Black	324	32.3%
Hispanic	36	3.6%
Caucasian	539	53.7%
Other	0	0.0%
Not Specified	70	7.0%
Age		
<21	164	16.3%
21-30	288	28.7%
31-40	175	17.4%
41-50	210	20.9%
51-60	113	11.3%
61-70	39	3.9%
70+	15	1.5%
Not Specified	0	0.0%
Multiple Exams/Same Person		
	55	

Outpatient Competency Restoration Program

PROGRAM STATEMENT

Beginning in FY 2008, changes were enacted in the statutory language addressing treatment to competency (WSS 971.14(5)) creating an option to provide restoration treatment in the community. Prior to this change, the only option was to provide treatment on an inpatient basis at one of the Mental Health Institutes. It had long been felt, however, that there were numbers of individuals who did not need inpatient services and for whom, in fact, having to come to the inpatient setting was a major disruption in their lives. In addition, having an outpatient option further helps to manage the resources available given the demands on beds at the Institutes.

With the change in the statute, money was also provided in the budget to pilot this new approach to competency restoration in the Milwaukee area. The goal of the pilot was to develop a program and a curriculum that could eventually be rolled out on a state wide basis. Following the RFP process, a contract was awarded to Behavioral Consultants, Inc. (BCI) to provide restoration services for the pilot.

Two groups were formed, one to develop a standard curriculum of competency restoration materials to be used for the outpatient program and to also be utilized as the basis for inpatient restoration services. Materials for this curriculum were gathered from a variety of sources and represent evidence based, state of the art approaches to competency restoration. Materials were organized into a Trainers Manual to be used by staff involved in providing restoration; the Manual also includes materials to be used with patients involved in the treatment.

The second group involved members of the Milwaukee judiciary, including judges and representatives from the District Attorney's and Public Defender's office, Division representatives, and staff from BCI. The function of this group was to develop criteria for deciding which individuals would be appropriate for inclusion in the program. A criterion set was developed. With the work of these two groups completed, the program was ready to start.

PROGRAM UPDATE

The Outpatient Competency Restoration program began taking its first participants at the beginning of October of 2008. By the end of FY10 (June 30, 2010), the program served a total of 40 defendants not including 13 that were found inappropriate for restoration in the community or 7 others who were later transferred to inpatient care due to emerging stability issues which could not be safely addressed in the community. Defendants have been successfully been restored in 12 counties (Dane, Dodge, Fond du Lac, Kenosha, Lafayette, Milwaukee, Ozaukee, Sheboygan, Walworth, Washington, Waukesha and Winnebago). At the end of FY10, 22 defendants had been treated. Of those, 4 were still in active treatment, 1 was awaiting their court hearing and 16 had been discharged from the program.

The treatment outcome for those 17 defendants who were discharged or awaiting their court hearing; 53% (9 defendants) were found competent to proceed with their criminal cases; 41% (7 defendants) were determined to be not competent but likely to regain competency and 6% (1 defendant) were determined to be not competent and not likely to regain competency.

The average length of time to treat these defendants in the community to become competent to proceed with their court cases was 152 days at a total cost of \$18,220 per defendant. This compares with average length of stay of 86 days and a total cost of \$83,334 per defendant treated at one of the Mental Health Institutions. Clinically, defendants appropriate for community restoration tend to have cognitive disabilities rather than acute mental health issues which require inpatient stabilization.

In addition to the outpatient option, the statutory change also opened up the option to provide treatment in other DHS facilities. This applies most readily to the Wisconsin Resource Center (WRC) where an inmate who is facing charges but is not competent to proceed can be placed in lieu of moving the inmate to a Mental Health Institute. WRC staff were involved in developing the curriculum and were trained to provide competency restoration services to inmates who were placed at or could be moved to WRC.

4 WRC inmates were treated to competency during FY 2010. This is a very viable option as it allows the inmate to continue to be in a secure correctional type environment and preserves inpatient beds to be used for other forensic services at one of the Institutes.

OARS Program

Opening Avenues to Reentry Success

Overview:

The Becky Young Community Corrections appropriation was created in the 2009-11 biennial budget act, Act 28, along with statutory language (s. 301.068) to provide services to persons who are on probation, or who are soon to be or are currently on parole or extended supervision, following a felony conviction, in a effort to reduce recidivism. The provisions were adopted from recommendations by the Legislative Council's, Justice Reinvestment initiative Oversight Committee (JRIO Committee). The JRIO Committee worked with the Council of State Governments' Justice Center to review the state's criminal Justice trends and develop options related to correctional practices.

One of the Act 28 initiatives was for the Department of Corrections to partner with the Department of Health Services to work with offenders with serious and persistent mental health illness, being released to the community and who were identified to be at medium to high risk of being revoked or of committing a new crime.

Named Opening Avenues to Reentry Success (OARS), comprehensive pre-release services will be provided to inmates at the Wisconsin Resource Center and Taycheedah Correctional Institutions to facilitate their transition to the community. The target enrollment for the FY 2010 is 52 male offenders and 36 female offenders.

Based upon the DHS conditional release model, case management and mental health services will be provided to this population in concert with DOC community corrections agents and other treatment specialists.

OARS Program Goals:

- To increase public safety by reducing revocation and recidivism rates
- To improve continuity of care and coordinated services for offenders releasing from prison to the community
- To enhance offender involvement in structured activities (employment, schooling, volunteer work, etc.)
- To promote offender self-sufficiency

OARS Program Pilot Territory:

The OARS program is currently offered to offenders releasing from WRC/TCI to one of the following counties: Adams, Calumet, Columbia, Dodge, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Manitowoc, Marquette, Milwaukee, Outagamie, Ozaukee, Portage, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara and Winnebago.

The Department of Health Services is excited to be partnering with the Department of Corrections in working to reduce the revocation and reoffense rates of this population and look forward to reporting on the programs progress next year.

For more information on anything in this report, please contact:

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